
Individual Internal Practical Assessment Form

iUSP144 – Instructing gym-based exercise

Name of learner: _____

Two Internal Assessments to be completed to include a minimum of three types of cardiovascular equipment covering four exercises from resistance machine lifts and four exercises from free weight lifts. One further Summative Internal Assessment is required and must be completed using the Summative Internal Assessment Form

This assessment sheet must be completed in full for each learner by the Internal Assessor

- **Conducting the assessment** – The evaluation should be based on the criteria detailed below. The assessor should base their evaluation entirely on the learner's performance during the assessment exercise; they should remain objective and should not coach or distract the learner during the assessment. Please indicate with a ✓ criteria that are completed successfully, indicating with an × criteria that have not been completed successfully.
- **Once all boxes have been ticked the assessor must place a ✓ in the pass box indicating that the task is complete.**

Assessment task	Assessor's comments			
	Completed	Not Completed	Completed	Not Completed
Appearance – the learner demonstrated:				
Clean, neat and appropriate work wear with minimal jewellery				
Appropriate comfortable and clean footwear				
Hair clean, neat and tied back/up if long				
No body or breath odour				
No chewing gum or sucking sweets				
Client care – the learner:				
Greeted and introduced self to client				
Assisted client where appropriate				
Displayed positive body language				
Respected client's needs throughout				
Checked client's comfort throughout				
Professional conduct – the learner:				
Had a clean and neat appearance				
Demonstrated knowledge of health & safety regulations				

Assessment task	Assessor's comments			
	Completed	Not Completed	Completed	Not Completed
Ensure equipment was wiped down with appropriate sanitiser before use				
Ensured equipment was wiped down with appropriate sanitiser after use				
Ensured ancillary equipment/free weights wiped and stacked away appropriately after use				
Core teaching rationale – the learner:				
Demonstrated a variety of correct teaching points				
Recognised safety aspects				
Identified and stated muscles used				
Made adaptations where appropriate				
Showed progression/regression where appropriate				
Induction – the learner:				
Consulted with client and completed a PARQ				
Correctly demonstrated how to use the cardiovascular machines				
Correctly demonstrated how to use the fixed resistance machines				
Showed the client the changing facilities, toilets and showers				

Assessment task	Assessor's comments			
	Completed	Not Completed	Completed	Not Completed
Pulse checks – the learner:				
Correctly demonstrated how to take the pulse from the larger carotid artery on the side of the larynx and from the radial pulse on the wrist				
Assisted client in taking their pulse in both areas				
Demonstrated the use of a heart rate monitor				
Discussed with the client the uses of the heart rate monitor and assisted client in taking the readings				
Calculated the client's Resting Heart Rate, Training Heart Rate and Maximum Heart Rate correctly				
Cardiovascular machines – the learner:				
Checked the cardiovascular machine was in good working order and client not contra-indicated				
Correctly demonstrated how to use the specific cardiovascular equipment and gave reasons for preference				
Demonstrated a high level of safety throughout				
Machine weights – the learner:				
Selected the appropriate exercises for the client				
Correctly demonstrated how to use the appropriate static weights machines				

Assessment task	Assessor's comments			
	Completed	Not Completed	Completed	Not Completed
Guided client through the appropriate static weights machines				
Demonstrated spotting techniques on all appropriate machines				
Demonstrated a high level of safety				
Free weights – the learner:				
Selected the correct weight for the client				
Selected the appropriate exercises for the client				
Guided the client through all the appropriate exercises				
Demonstrated spotting techniques for all appropriate exercises				
Ensured specific stretches were shown during and after use of free weights				
Demonstrated a high level of safety throughout				
Core stability – the learner:				
Ensured correct exercises were performed for the appropriate session				
Ensured movements were controlled and smooth				
Ensured variety and progression were demonstrated				

Assessment task	Assessor's comments			
	Completed	Not Completed	Completed	Not Completed
Ensured exercises were explained simply and precisely, alternatives were given where necessary				
Ensured the client performed the exercises precisely and correctly				
Appropriate stretches – the learner:				
Explained and demonstrated the appropriate exercises				
Ensured the client performed each stretch correctly				
Ensured all major muscle groups were stretched				
Ensured timing and a high level of safety were demonstrated throughout				
Programme overall – the learner:				
Discussed with client prior to the session his/her preferences to type of exercise				
Completed consultation and discussed programme with client				
Discussed likes and dislikes of programme with client at the end of the session				
Altered the programme where necessary according to client's wishes and appropriateness of the programme				
Discussed with client the need for appropriate work wear				

Assessment task	Assessor's comments			
	Completed	Not Completed	Completed	Not Completed
Discussed with client the importance of drinking water throughout				
Discussed with client the importance of health and safety within the gym				
Concluded the programme correctly				
Total Marks				

1st Assessment Lecturer/Assessor name: _____

1st Assessment Lecturer/Assessor signature: _____ **Date:** _____

2nd Assessment Lecturer/Assessor name: _____

2nd Assessment Lecturer/Assessor signature: _____ **Date:** _____

Overall grade: Pass

Quality Assurer Name: _____

Quality Assurer Signature: _____ **Date:** _____

External Examiner Name: _____

External Examiner Signature: _____ **Date:** _____

Document History

Version	Issue Date	Changes	Role
v1	26/09/2019	First published	Qualifications Administrator